

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 6  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Generation Forward PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00578724	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 07 / 2015</div>	

Full Name of Payee <b>Carter Printing</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 03 / 2015</div>	
Mailing Address 1739 E Grand Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2005.14</div>	
City Des Moines	State IA	Zip Code 50316	Transaction ID : SE.4225
Purpose of Expenditure Printing-Postcards	Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 03 / 2015</div>	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Carter Printing</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 05 / 2015</div>	
Mailing Address 1739 E Grand Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3515.96</div>	
City Des Moines	State IA	Zip Code 50316	Transaction ID : SE.4226
Purpose of Expenditure Printing-Doorhangers	Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 05 / 2015</div>	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5521.10</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Damian O'Doherty

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 02 / 2015

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Generation Forward PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00578724	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 08 / 07 / 2015	

Full Name of Payee <b>Carter Printing</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 05 / 2015	
Mailing Address 1739 E Grand Ave		Amount 3726.92	
City Des Moines	State IA	Zip Code 50316	Transaction ID : SE.4227
Purpose of Expenditure Printing-Doorhangers	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 05 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

Full Name of Payee <b>Fedex Office</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 14 / 2015	
Mailing Address 400 Locust Street		Amount 288.29	
City Des Moines	State IA	Zip Code 50309	Transaction ID : SE.4220
Purpose of Expenditure Printing-Banner	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 14 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4015.21
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Damian O'Doherty

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Generation Forward PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00578724	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 08 / 07 / 2015	

Full Name of Payee <b>Fedex Office</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 27 / 2015	
Mailing Address 400 Locust Street		Amount 740.65	
City Des Moines	State IA	Zip Code 50309	Transaction ID : SE.4221
Purpose of Expenditure Printing-Doorhangers	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 27 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

Full Name of Payee <b>Fedex Office</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 27 / 2015	
Mailing Address 400 Locust Street		Amount 332.29	
City Des Moines	State IA	Zip Code 50309	Transaction ID : SE.4229
Purpose of Expenditure Printing-Postcards	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 27 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1072.94
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Generation Forward PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00578724	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 08 / 07 / 2015	

Full Name of Payee <b>Fedex Office</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 28 / 2015	
Mailing Address 400 Locust Street		Amount 1391.21	
City Des Moines	State IA	Zip Code 50309	Transaction ID : SE.4222
Purpose of Expenditure Printing-Flyers and Postcards	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 28 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

Full Name of Payee <b>Fedex Office</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 29 / 2015	
Mailing Address 400 Locust Street		Amount 214.86	
City Des Moines	State IA	Zip Code 50309	Transaction ID : SE.4223
Purpose of Expenditure Printing-Flyers	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 29 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1606.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 6  
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NAME OF COMMITTEE (In Full) <b>Generation Forward PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00578724	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 08 / 07 / 2015	

Full Name of Payee <b>Fedex Office</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2015	
Mailing Address 400 Locust Street		Amount 402.60	
City Des Moines	State IA	Zip Code 50309	Transaction ID : SE.4224
Purpose of Expenditure Printing-Doorhangers	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

Full Name of Payee <b>Resonate Networks</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 07 / 2015	
Mailing Address 11720 Plaza America Drive 3rd Floor		Amount 42888.00	
City Reston	State VA	Zip Code 20190	Transaction ID : SE.4196
Purpose of Expenditure Web Advertising	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 07 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43290.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 6 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Generation Forward PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00578724	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 08 / 07 / 2015	

Full Name of Payee <b>StoryFarm</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 07 / 2015	
Mailing Address 1909 Thames Street Suite 201		Amount 5000.00	
City Baltimore	State MD	Zip Code 21231	Transaction ID : SE.4197
Purpose of Expenditure Ad Production	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 07 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	60505.92

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 02 / 2015

Signature